

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/12/03.

I. DISPUTE

Whether reimbursement is recommended for dates of service 07/09/02 through 07/31/02 for CPT code 97250.

II. FINDINGS

Dates of service 07/09/02 and 07/10/02, carrier denied services with "L96-The billing Provider is not the claimant's treating doctor and does not appear to have been referred by the claimant's treating doctor. Only services rendered or ordered by the claimant's treating doctor can be considered for reimbursement." Carrier submitted a Notice of Appeal to the adjuster; "Original audit performed by previous vendor that denied charges for non-treating physician and for unrelatedness to injury. The provider has resubmitted the charges with a copy of the TWCC-53 approved by the TWCC on 06/04/02. The services do appear related to the compensable injury therefore recommend for reimbursement. The charges for 97265 and 97250 on the same day is a duplicate charge for services included in the value of the same code therefore only recommend for the first of these charges." Services denied based on L96 will be reviewed per the MFG.

III. RATIONALE

Requestor billed \$344.00 for CPT code 97250 for dates of service 07/09/02 through 07/31/02 and carrier made no payment. Carrier originally denied services as "R4-Charge not related to the compensable injury. The supplies/services are not (or appear not to be) related to the workers' compensation injury of this claimant." Carrier has filed 2 TWCC-21s dated 07/29/02 and 01/07/03 indicating that they have accepted a right shoulder injury only on _____. Relevant information submitted by the requestor supports treatment was to the right shoulder only. Carrier indicates in a Notice of Appeal to the adjuster; "The charges for the 97265 and 97250 on the same day is a duplicate charge for services in the same code therefore only recommended for the first of these charges." CPT code 97250 is not included in the value of 97265 for the same date of service, therefore reimbursement is recommended in the amount of **\$344.00**. (\$43.00 x 8 dates of service)

IV. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97250. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$344.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 27th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb